Case 19-16173-elf Doc 55 Filed 02/18/21 Entered 02/18/21 08:29:51 Desc Main Document Page 1 of 2

Fill in this information	to identify your o	case:		
Debtor 1	Darren M Pr	ice, Sr.		
Debtor 2 (Spouse, if filing)				
United States Bankru	otcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	
Case number 19	-16173			Check if this is:
(If known)			An amended filing	
				☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	106 <u>l</u>		MM / DD/ YYYY	
Schedule I:	Your Inc	ome		12/1:
attach a separate she				a about your spouse. If more space is needed, case number (if known). Answer every questio
Fill in your emp information.	loyment		Debtor 1	Debtor 2 or non-filing spouse
If you have more	than one job,		■ Employed	☐ Employed
attach a separate information abou		Employment status	☐ Not employed	☐ Not employed
employers.		Occupation	Correctional Officer	
Include part-time self-employed wo		Employer's name	Philadelphia Department of Prisons	
Occupation may or homemaker, it		Employer's address	7901 State Road Philadelphia, PA 19136	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

29 years

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 9,765.17 \$ N/A
3. +\$ 0.00 +\$ N/A

For Debtor 2 or

For Debtor 1

Official Form 106l Schedule I: Your Income page 1

Debtor 1	Darren M Price, Sr.			Case nun	nber (<i>if kn</i>	own)	19-16	173		
	and the same			For De		4=	non-	Debtor filing s	pouse	
C	opy line 4 here	4	-	\$	9,765	.17	\$		N/A	<u>. </u>
5. L i	st all payroll deductions:									
58	•	5	a.	\$	2,991	.67	\$		N/A	_
5k	·		b.	\$.00	\$		N/A	_
50	·		c.	\$	1,567		\$		N/A	_
50	, , ,		d.	\$.94	\$		N/A	_
56 5f		5:	e. f	\$	197	.00	\$		N/A N/A	_
50		_	g.	\$.00	\$		N/A	
5ł	,		э. h.+	\$.74	· · —		N/A	_
	Child Support I			\$.60	\$		N/A	_
6. A	dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6		\$	5,688	.28	\$		N/A	_
7. C	alculate total monthly take-home pay. Subtract line 6 from line 4.	7		\$	4,076	.89	\$		N/A	
8. Li 8a	st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8:	a.	\$	ď	.00	\$		N/A	
8k	•	8		\$.00	\$		N/A	_
80	Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		C.	\$.00	\$		N/A	_
80	d. Unemployment compensation	8	d.	\$	0	.00	\$		N/A	_
86	•	8	e.	\$	0	.00	\$		N/A	<u> </u>
8f 8ç 8l	Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8i		\$ \$	260	.00	\$ \$ + \$		N/A N/A N/A	<u> </u>
O.			····			.00	`_		14/7	
9. A	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9	. [\$	260	.00	\$		N/	A
10 C :	alculate monthly income. Add line 7 + line 9.	10.	\$	13	36.89	+ \$		N/A	= \$	4,336.89
	dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	7,0	30.03			14/7		4,000.00
In ot De	tate all other regular contributions to the expenses that you list in <i>Schedu</i> clude contributions from an unmarried partner, members of your household, yo her friends or relatives. To not include any amounts already included in lines 2-10 or amounts that are no pecify:	ur dep						chedul 11.		0.00
W	dd the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Schedules and Statistical Summary of Ceruplies							12.	\$	4,336.89
13. D	o you expect an increase or decrease within the year after you file this for	m?							Combi month	ned ly income
_	No.									

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